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FROM: Barbara M. Hayashi**DATE:** April 28, 2006

Number of pages with cover page:	4	Our Reference: 480052001300
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2**Comments:**

Application No. 10/574,399

Attached: a) Transmittal Form, b) Power of Attorney – 2 pages.

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PTO/SB/21 (08-04)

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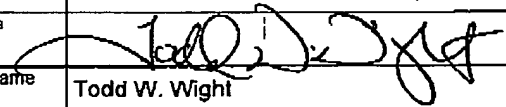
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	PENDING
		Filing Date	April 3, 2006
		First Named Inventor	Jurgen DORN
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	480052001300

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	April 28, 2006	Reg. No.	45,218

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: April 28, 2006

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PTO/SB/80 (04-05)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number: 25224

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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OR

☐ Firm or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____ Email: _____

Assignee Name and Address:
C. R. Bard, Inc.
730 Central Avenue
Murray Hill, New Jersey 07974

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<i>Jean F. Miller</i>	Date	<i>January 20, 2006</i>
Name	Jean F. Miller	Telephone	908-277-8000
Title	Assistant Secretary		

PTO/SB/96 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Jurgen DORN et al.Application No./Patent No.: PENDINGFiled/Issue Date: April 3, 2006Entitled: RETRIEVAL CATHETERC. R. Bard, Inc.
(Name of Assignee)a Corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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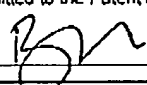
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


SignatureApril 28, 2006
DateTodd W. Wight
Printed or Typed Name949-251-7189
Telephone NumberAuthorized Signer for Assignee
Title

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Dated: April 28, 2006

Signature:  (Barbara Hayashi)

oc-313349